


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M29579 1. Entity Name MERCI'S HOME CORP. |  |
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|---|---|
| Principal Place of Business 4291 SW 9TH TERRACE MIAMI, FL 33134 | Mailing Address 4291 SW 9TH TERRACE MIAMI, FL 33134 |
|---|---|



04142005 No Chg-P CR2E034 (10/03)

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| | |
|---|--|
| 4. FEI Number 59-2654261 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

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|---|
| AGUIAR, MIRIAM 10249 SW 139TH COURT MIAMI, FL 33186 |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

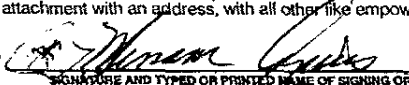
| | | |
|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------|
| TITLE | DPT |
| NAME | AGUIAR, ALBERTO JR. |
| STREET ADDRESS | 541 WINSTON DR. |
| CITY - ST - ZIP | MELROSE PARK, IL 60160 |
| TITLE | DVS |
| NAME | AGUIAR, MIRIAM |
| STREET ADDRESS | 10249 SW 139 CT. |
| CITY - ST - ZIP | MIAMI, FL 33186 |
| TITLE | D |
| NAME | RODRIGUEZ, ISABEL |
| STREET ADDRESS | 4279 S.W. 9TH TERRACE |
| CITY - ST - ZIP | MIAMI, FL 33134 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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05/05/05-80128-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date: 4/29/05 Daytime Phone #: (305) 443-8294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR